Parkland Regional Health Authority

Annual Report 2010/2011

Individuals, families and communit achieving the best possible health and wellness.

OFFICE RÉGIONAL DE LA SANTÉ DES PARCS
PARKLAND
REGIONAL HEALTH AUTHORITY

This may change

Letter of Transmittal and Accountability	3
Message from the CEO	4, 5, 6
Board Governance	7, 8
Advisory Councils	9
Organizational Structure	10
Our Region	11, 12
Strategic Direction: Healthy Living	13 - 18
Strategic Direction: Aboriginal Health	19
Strategic Direction: Seniors Health	20, 21
Strategic Direction: Integrated, Sustainable Health System	22 - 24
Strategic Direction: System Performance Improvement	25 - 26
Strategic Direction: Human Resources	27 - 29
Capital Asset Management	30
Integrated Risk Management	31
Accreditation 2010	32
The Public Interest Disclosure Act	33
French Language Services	33
Financial Information	34 - 38
Administrative Cost Reporting	39

* Main cover photo: Blaine Kraushaar

Table of Contents

Letter of Transmittal & Accountability

Hon. Theresa Oswald
Minister of Health
Province of Manitoba

Madame Minister:

We have the honour to present the Annual Report for the Parkland Regional Health Authority, for the fiscal year ended March 31, 2011.

This annual report was prepared and approved under the Board's direction, in accordance with the Regional Health Authorities Act and directions provided by the Minister of Health. All material economic and fiscal implications known as of June 30, 2011 have been considered in preparing the annual report.

The Board has worked diligently during the past fiscal year to address issues and concerns surrounding health and health care delivery in the Region. One of the key highlights - from a Board perspective - during the 2010/2011 fiscal year was the Board's approach to enhancing its focus on client-centered care.

The Board, through on going monitoring reviews at regular meetings and its annual Board Retreat, modified an Executive Limitation within its governance structure. The new EL-18: "Client Centeredness" improves upon measures that were reviewed in relation to client satisfaction and additional Board policy and reporting requirements have been established. From this policy, PRHA senior management continues to develop a patient-centered care framework in consultation with staff and physicians.

In keeping with the Board Vision, "Individuals, families, and communities achieving the best possible health and wellness", we continued our focus on partnerships, visibility, linkage and communication within our Region. We also continued our regular practice of meeting with municipal representatives, school divisions and our affiliated facility boards.

I thank outgoing Board member Bev Clearsky of Swan River for her valuable contributions to the RHA during her term.

I welcome our new Board members for 2011/2012, Dr. Andy Maxwell of Swan River and Chuck Morden of McCreary.

I want to thank the Board, management, and staff for their support and continued dedication. I also thank our wonderful volunteers throughout the Region, including members of our Health Advisory Councils.

We continue to work with the CEO, staff, physicians, community partners / stakeholders, and our advisory councils as we move forward to further enhance the quality of our health services and programs in the Region.

Respectfully submitted on behalf of Parkland Regional Health Authority Board,

Mary Hudyma
PRHA Board Chair
2010/2011

Message from the CEO

A philosopher once stated that 'status quo' is something you never achieve. When we look back at the 2010/2011 fiscal year for the Parkland Regional Health Authority (PRHA), this observation definitely rings true. Several significant events transpired over the last year which will have a profound impact on how we, as a Region, move forward over the next half-decade for sure, and long-term, beyond that rather narrow window. As we review accomplishments, challenges and future directions from the past year, it is with a sense of pride that I look at how far we have progressed in just one year. It is with a sense of anticipation that we have for all of the strategies, goals, objectives and outcomes that we have planned for. Truly, in summing up our last year, I am very pleased to state, on behalf of our staff, managers, physicians, and health partners/stakeholders, that this past year was anything but 'status quo'. I base this observation on the following:

Strategic Plan

After months of consultation, collaboration, and data and demographic reviews, the PRHA Board finalized its Strategic Health Plan for the next five years (2011-2016). The Plan includes our vision, mission, values and strategic priorities. Our plan aligns with the directions identified by Manitoba Health and uses the pillars of Primary Health Care as our planning framework. Our Community Health Assessment, completed in 2009, provided information regarding health status and key themes required attention. The 2011-2016 Strategic Health Plan is available on line at www.prha.mb.ca.

Accreditation

The PRHA went through a comprehensive national accreditation survey in October 2010. It was the fourth such survey in the short history of the PRHA. Surveyors from Accreditation Canada spent a week reviewing continuous quality improvement plans that are linked to care delivery with Parkland health facilities, community health offices and all PRHA and affiliate programs and services. The PRHA was awarded "Accreditation, with Condition". The condition attached regarded a focused visit in March 2011, to review organizational practices relating to select criteria raised by surveyors.

Organization Redesign

Following months of internal consultation, individual meetings with staff, managers, and physicians, the PRHA unveiled intentions to shift and enhance its internal organizational structure. The PRHA organizational Redesign, announced in September 2010, was planned to place added emphasis in clinical and operational-based teams that will have clearly defined client-centered goals along with guiding performance measures. The overall goal of the reconfiguration is to ensure decision-making would take place as close as possible to the person in care. Work on the new structure continued throughout the fiscal year, as Senior Leadership worked on risk mitigation strategies associated with the intended transition.

Cataract Surgery Program

The Province approved a Cataract Surgery Program for the Region in March 2011. The $400-thousand dollar investment is an important addition to the programs and services we offer at Swan Valley Health Centre in Swan River, and the Region as a whole. Specialized equipment for cataract surgery was being purchased by local Swan River Valley Lions Clubs. The PRHA continues to work with the province to plan for the implementation of the program in 2011/2012.

Dauphin Regional Health Centre Renovations

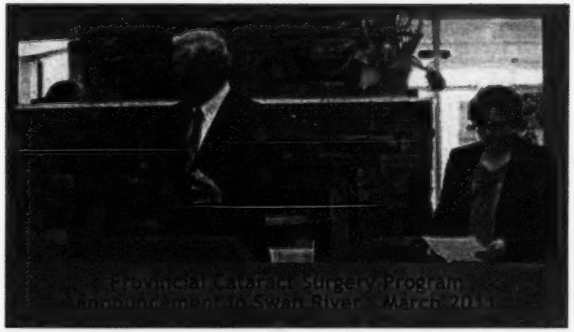
In the Province's Speech from the Throne in November 2010, a commitment was made to renovate the Emergency Department at Dauphin Regional Health Centre (DRHC). The Region began working through the initial stages of the province's health facility capital planning process. The PRHA, in consultation with Manitoba Health, also continue to follow up on recommendations associated with the DRHC Role Study, which was commissioned in 2009.

Human Resource challenges and opportunities

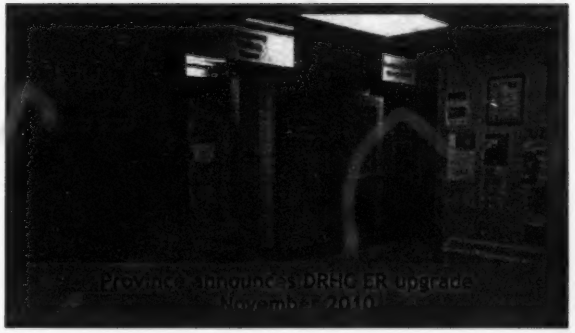
We continued to face periods of temporary suspension of services due to both nurse and physician resources shortages over the past year. At times, difficult program and service decisions needed to be made especially this past year within the Swan Valley Health Centre. A number of temporary suspensions of service in surgical and maternity services occurred throughout the year. Ultimately, decisions to suspend service were made in the best interests of patient/client safety.

Fiscal Challenges

The Region faced budgetary challenges in 2010/2011. Pressures continued within the acute and long term care sectors. However, after working with Manitoba Health on a number of areas, the Region finished the fiscal year much better than anticipated with a deficit figure of $278,000. Moving forward, the PRHA Senior Leadership Committee continues to identify targets and strategies to reduce expenditures that are largely contributing to the deficit. Those strategies are being worked into subsequent health plans that are submitted annually to Manitoba Health.



Provincial Cataract Surgery Program announced in Swan River - March 2011



Province announces DRHC ER upgrade - November 2010

Other Highlights

Here are some additional highlights that occurred throughout 2010/2011:

• In April 2010, we held a public meeting in McCreary regarding current health care services and programs in the McCreary/Alonsa area and the eastern district of our region. Part of our presentation involved information regarding our Primary Health Care Framework, and a look ahead to future health program and service options.

• Board and staff linkages with stakeholders and partners were further enhanced throughout 2010/ 2011. The CEO and Executive staff held informational meetings with various communities and organizations throughout the year. Meetings included representation from municipalities, Aboriginal and Northern Affairs, First Nations Councils and Health Departments, and Economic Development Departments to name a few. Staff linkages to healthy community committees and other health partner groups were further formalized through existing programs like Public Health, Mental Health, and Home Care.

• The PRHA strengthened its Aboriginal Human Resources Initiative. The goal is to develop stronger partnerships with Aboriginal leaders, community members, educational institutions, training facilities and others to better meet the health workforce needs of a significant portion of our population.

• Several key upgrades in our Information Technology sector were completed during the year. Project Teams were established to roll-out upgraded system enhancements. These include major initiatives such as QHR Scheduling, Exchange Server, Materiels Management, Data Warehousing, Swan River ADT, Digital Archiving and Network Infrastructure upgrades. As, well, the PRHA continued with improvements to its public website and introduced a new staff "intranet" site during the last year.

In closing, I thank the Board of Directors for their support and dedication as well as our Health Advisory Councils for their valued contributions and feedback. I also express sincere appreciation to all of our hardworking and dedicated staff, managers, physicians and medical staff, as well as our numerous wonderful volunteers for their commitment to our Vision of: Individuals, families and communities achieving the best possible health and wellness.

Respectfully submitted,
Kevin McKnight
Chief Executive Officer

Message from the CEO

Board Governance

The Board has set four Ends that it reviews and monitors on a regular basis. (Ends are the measurable goals, impacts and outcomes the Board wants to achieve.)

The Board concentrates on areas where data indicates our Region needs improvement. Specific to the Ends policies, the Board receives monitoring reports on the status of progress towards these Ends. These monitoring reports provide an overview of results relative to each End.

On its part, the Board reviews the organization's progress towards its declared Ends, determines whether or not progress is satisfactory, and evaluates the CEO's (and the organization's) performance based on these results. As well, the Board may review and/or modify the Board's Ends and expectations for the following reporting period.

The Board is responsible for establishing the Regional Strategic Priorities (Strategic Plan). Although the Strategic priorities remain constant over a five-year period, the indicators, performance measures, and major initiatives are monitored and revised annually by the Board.

Board Role

The PRHA operates under the direction of a 14-member Board, which is responsible to the Minister of Health. The Board's role is to ensure the organization's accountability by monitoring and evaluating its performance and by interacting and communicating with the public, stakeholders and partners. Although Board members reside in various communities throughout the Parkland they represent the entire Region at the Board table.

Vision

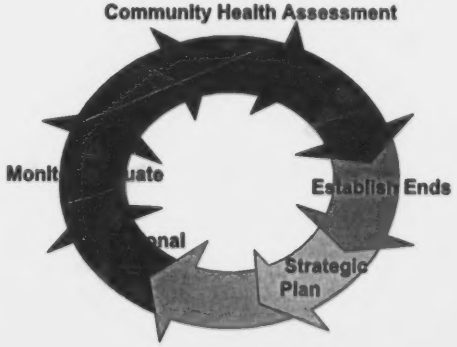
"Individuals, families and communities achieving the best possible health and wellness."

Board Mission

In Pursuit of its Vision, the Authority exists so that there will be:

- Optimal Quality of Life
- Healthy Lifestyles
- Healthy Environments
- Treatment of the ill and injured

Health Planning Process



Board Activities

The PRHA Board was guided by its five-year strategic plan (2006-2011) and the priorities listed within. Work finished on a new five-year strategic health plan which took effect April 1st, 2011. Presentations and discussions occur at the Board level, (but are not limited to) the following topics:

- Annual Health Plan
- Financial condition/ asset protection
- Governance evaluation
- Patient safety reports
- Client satisfaction
- Access to services
- Ethics and research
- Partnerships
- Volunteer and Staff Treatment
- Treatment of clients
- CEO Job description/ job evaluation
- Human Resources Plan
- Information management
- Communication/ Support to the Board
- Client-centered care

Board Education and Evaluation

The Board completes self-evaluation on every one of its regular meetings. It also undergoes an extensive self-evaluation annually at a Board Planning session. Education sessions are also regularly scheduled during regular meetings by the Board's Program and Planning Committee. New and existing Board members participate annually in an extensive Board orientation session and attend Rural and Northern Health Day and the MB Health Leadership Conference. (deletes are also invited to attend a provincial orientation workshop). As part of regular meetings, the Board monitors its Ends, Governance Process, and reviews Executive Limitations with the CEO.

Board Committees

The Board has four standing committees to assist it in carrying out its legislative responsibilities. They are:

Executive Committee - Acts on behalf of the Board in urgent situations, when it is not feasible or practical to convene a meeting of the entire Board. The Committee must report any actions taken at the next meeting of the Board and it does not have the authority to change Board bylaws or policies or act against them.

Finance and Audit Committee - Reviews options and implications for the Board's consideration regarding finance, audit, and capital planning issues. The Committee also review's the appropriateness of the Board's own spending, in areas such as expense reimbursement, Board development and other Board expense accounts.

Program and Planning Committee - Helps identify a list of ongoing educational needs of the Board and provides written alternatives and implications for the Board's consideration regarding how to meet those educational and developmental needs. The Committee also reviews policy alternatives and implications for the Board.

Community Relations Committee - Reviews and makes recommendations to the Board in relation to the Board's communications with its stakeholders. sThe Committee also advises the Board on policies and procedures relating to Board interaction with Advisory Councils, municipal and provincial politicians and the general public.

Board Transparency

Regular Board meetings are held during the last Monday of every month (except July and December) and are rotated around the Region.

Board meetings are open to the public and extensively advertised through local newspapers, and personal invitation letters to stakeholders. All Board minutes are distributed to municipal and community councils and are posted on-line.

The Board's Annual General Meeting is extensively advertised through local news-papers, personal invitations and posters.

Stakeholder/ Health Partner Consultation

The PRHA Board continued its focus on partnerships, visibility, linkage and communication within our Region. The regular practice of rotating meetings throughout the year continued which provides the board with excellent opportunities to have first-hand discussions with municipal represent-atives, school divisions, affiliated facility boards, and numerous stakeholders and health partners. The Board also has Liaisons that sit on its Health Advisory Councils that meet at least 4-5 times a year.

Regional Health Advisory Council (RHAC)

NORTH

Gwynn Ketel
(Chair)
Pine River

Sharon Glasscock
Heidi Langan
Swan River

Caroline Quill
Sapotaweyak

WEST

Cheryl Mitchell
Valley River FN

Loreen Ward
Roblin

Kayla Luky
Grandview

CENTRAL

Donna Davidson
Karen Davis
Myra Rank
Brenda Puchailo
Dauphin

Darlene Barbe
Winnipegosis

EAST

Peter McKay
Crane River

Larry McLaughlin
McCreary

Anna Shwaykosky
Laurier

BOARD/STAFF

Sharon Basaraba
(Board)
Gilbert Plains

Pat Delaurier
(Board)
Ste. Rose

Catherine Kingsley
(Staff)
Dauphin

Mary Ellen Parsons
(Staff)
Swan River

Regional Mental Health Advisory Council (RMHAC)

NORTH

Marvin Fried
(Chair)
Deborah Burnside
Debra Church
Swan River

Loretta Thompson
Duck Bay

WEST

Lindsay Rubeniuk
Grandview

CENTRAL

Audrey Stoski
Gilbert Plains

Connie Safronetz
Donovan Dvorak
Garry Meadows
Wes Rumak
Eleanor Snitka
Barb St. Goddard
Father Brent Kuzyk
Dauphin

EAST

Ron Flower
Ste. Rose

BOARD/STAFF

Gerald Shewchuk
(Board)
Dauphin

Robert Hanson
(Board)
Mafeking

Dan Knight
(Staff)
Gilbert Plains

Advisory Council Chairs 2010/2011

Reports to the PRHA Board 2010/2011

Advisory Councils are a very important part of the PRHA's community engagement process. In late 2009, the PRHA revitalized the Advisory Council structure and process to further enable Council members to provide meaningful input into a 'focused health and wellness topic.' Council input assists the PRHA Board in monitoring and strategic planning purposes.

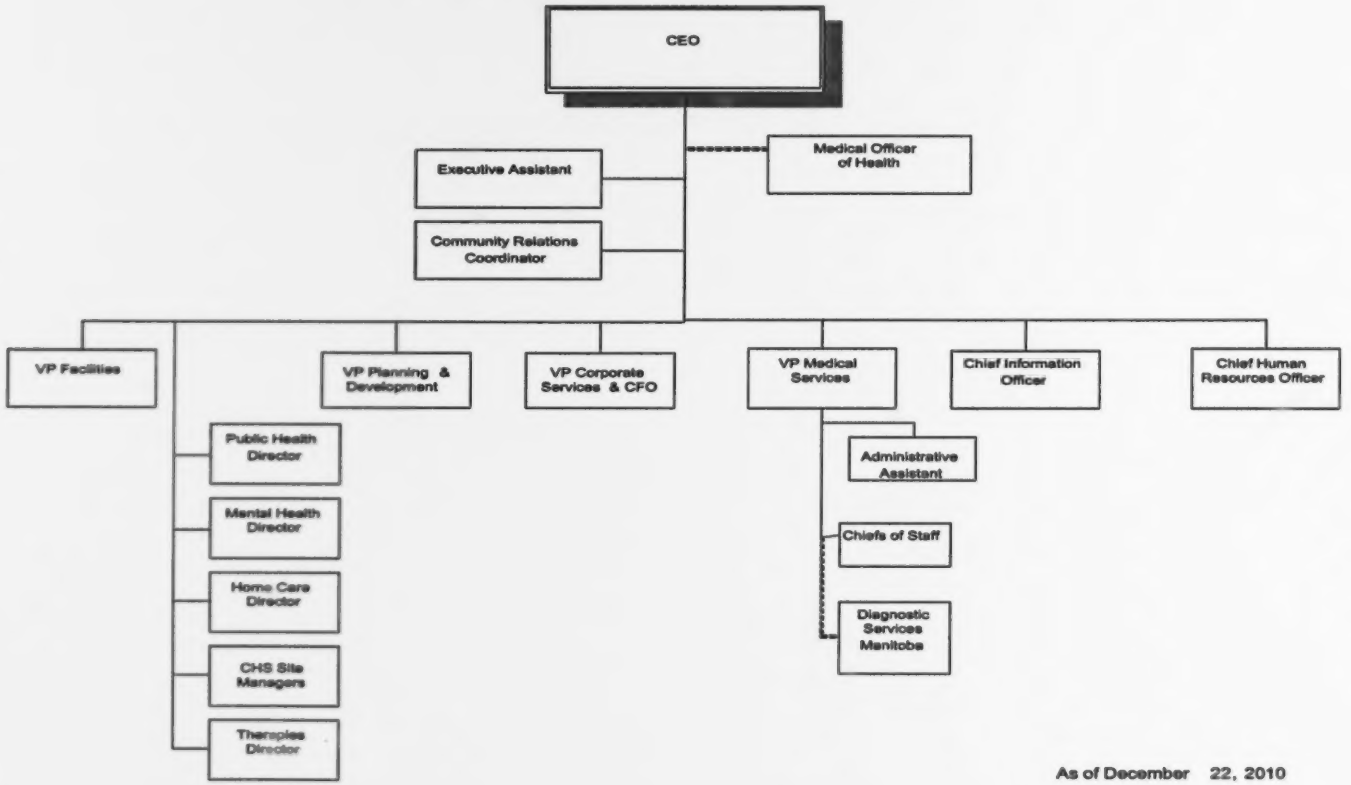
In 2010/2011, Advisory Councils were asked to provide input into the Strategic Planning process. Specifically, the Board requested that the Councils identify criteria that the Board could consider when selecting priorities for the 2011-2016 Strategic Plan.

In order to identify meaningful criteria, the Council reviewed the 2009 Community Health Assessment, participated in a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis, developed a priority list of health strategies, and then identified the criteria that supported the priorities.

Many of the recommendations that both Councils made to the Board can be linked directly and indirectly to some of the key strategic priorities, and associated operational strategies, that make up the Region's five year vision for the future (2011-2016).

Organizational Structure

Parkland Regional Health Authority
Interim Organizational Structure



As of December 22, 2010

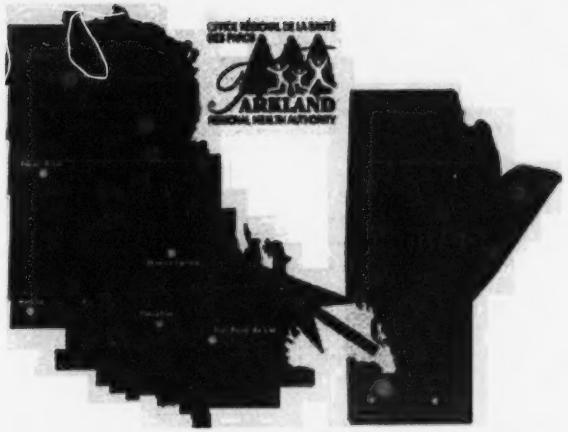
During 2010/2011, the Parkland Regional Health Authority (PRHA) began proceeding with a change to its internal organizational structure. An organization redesign was planned to ensure that added emphasis would be placed on clinical and operational-based teams to support client-centered health services along the continuum of care. Throughout the fiscal year, PRHA Senior Leadership has been developing risk mitigation strategies and re-examining the necessary clinical care and operational structures required to support the changes. An interim structure was set in December 2010 as noted in the diagram and transitional plans continued throughout the year. The new updated organization design is planned to be implemented in fiscal 2011/12.

Our Region . . .

The Parkland Regional Health Authority is situated in West Central Manitoba.

The PRHA offers a complete range of health services and programs inclusive of Health Promotion and Education, Primary Health Care, Public Health, Home Care, Mental Health, Emergency Medical Services, a wide range of Surgical and Medical Services, Critical Care, Maternal Child, Long Term Care, Rehabilitation and Diagnostic Services.

Approximately 34,000 sq. kilometres, the Health Region is bound on the west by the Saskatchewan border, on the North by the 53rd parallel, on the south by Riding Mountain National Park, and on the East by Lake Manitoba and Lake Winnipegosis. The major economic industries and employers within the region are agriculture, forestry, construction, manufacturing, retail trade, health and social services, government services, and education.



Community Health Assessment 2009

The PRHA completed its third comprehensive Community Health Assessment in 2009. According to the latest 2006 Statistics Canada Census, the regional population is 40,058 - approximately 4% of the provincial total. Between 1996 and 2006, the Parkland population decreased by about 3000 people. Age distribution in Parkland is different than Manitoba overall. The percentage of senior population (aged 65 and over) is higher in Parkland (20%) than Manitoba (14%). However, the percentage of young (19 and under) is similar to the provincial distribution (27%).

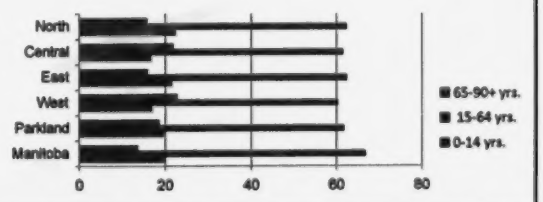
The Parkland Aboriginal population, with a median age of 23 years, is younger than the non-Aboriginal population in the Region. In 2006, 45% of the Aboriginal population was under the age of 19 years compared to 27.6 % for Parkland overall. In contrast, only 6% of the Aboriginal population in Parkland Region was over the age of 65 years. At close to double the Manitoba average, Parkland has the fourth highest percentage of Aboriginal population among the 11 RHAs in the province.

Based on various population assumptions covering a 30-year period, it's estimated that the Parkland population will remain constant over time- with the potential of a slight decrease. Although the overall population count is projected to remain fairly constant, there is an expected change in age distribution.

The percentage of the population aged 64 years and under will show negative growth while those aged 65 and over will show net positive gains.

Figure 1.2: Population Distribution by Age 2005

All people with a Manitoba Health Card and an address in Manitoba, Parkland or District



PRHA East and North Districts have younger populations. West and Central Districts have older populations.

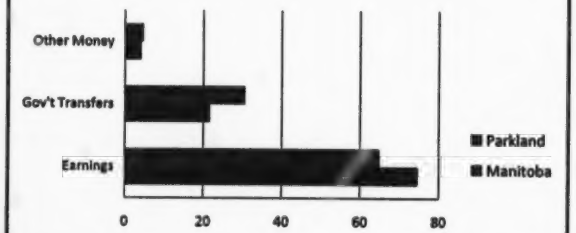
Source: MCHP Atlas 2009

In terms of social and economic status, Parkland has concerns in all key areas. Low income, less education with poorer literacy, higher rates of unemployment and substandard housing are an indication for poorer health outcomes across the lifespan. Literature consistently indicates that these socio-economic conditions impact all aspects of a population's health, including chronic disease, mental and psychological illness and child health outcomes. The effects of poorer health status associated with lower-socio-economic communities can also significantly impact life expectancy, create higher mortality rates and result in higher hospitalization rates.

There have been many positive changes in health status indicators for Parkland residents since the last Community Health Assessment in 2004. However, results show the Region needs to continue building on strengths and together, with all of its health partners and stakeholders, focus on efforts to reduce disparities which help narrow the gap in overall health status of our population.

For more details on the PRHA's demographics, socio-economic status, and other health indicators please see the 2009 Community Health Assessment. It is available on-line at www.prha.mb.ca

Figure 2.1: Composition of Total Income 2005



Source: Statistics Canada 2006

PRHA Quick Facts 2010/2011

• Primary health care is provided with a focus on access to community-based services and enhancing the health of the population. Primary Health Care Centres are located in Benito, Camperville, Ethelbert and Waterhen.

• The PRHA has seven hospitals and 11 personal care homes. Acute care facilities are located in Dauphin, Grandview, McCreary, Roblin, Ste. Rose, Swan River and Winnipegosis.

• Community mental health, public health and home care services are available throughout the Region.

• A 10-bed, acute care psychiatric unit is located at Dauphin Regional Health Centre.

• Emergency medical services (EMS) include ground ambulance services that are based in eleven Parkland communities. They are: Dauphin, Ethelbert, Gilbert Plains, Grandview, Mafeking, McCreary, Roblin, Ste. Rose, Swan River, Waterhen and Winnipegosis.

• Computed Tomography (CT) services are performed in Dauphin. Ultrasound service is provided in Dauphin, with visiting services in Roblin, Ste. Rose and Swan River.

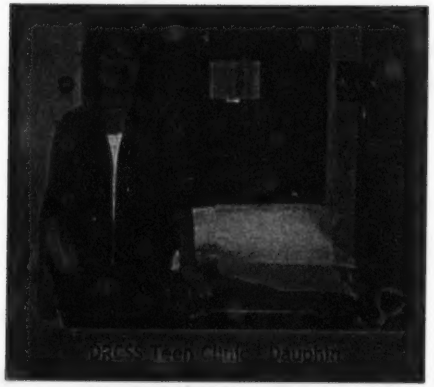
• Major surgical services are provided in Dauphin. Minor surgical procedures are done in Swan River.

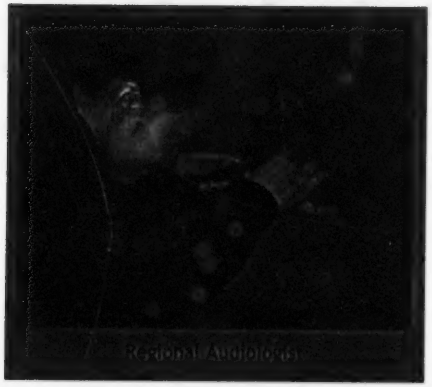
• Obstetrical services are provided in Dauphin and Swan River.

• Dauphin and Swan River have chemotherapy and hemodialysis programs.

• There are six Manitoba Telehealth sites in Parkland. They are located in Dauphin, Grandview, McCreary, Roblin, Ste. Rose and Swan River.

Strategic Direction





Healthy Living

Our goals:

- Improved health status of Parkland residents.
- Parkland residents make positive choices for healthy living.
- Healthy babies, children and families.
- Prevention and control of communicable disease in Parkland.
- Parkland residents take steps to prevent injury.

Our accomplishments:

Nurse Practitioners

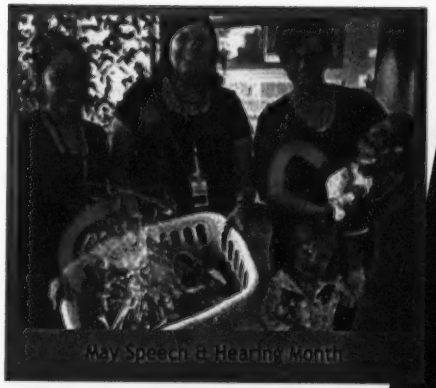
- In 2010/2011, the PRHA was able to recruit additional Nurse Practitioners to our Region. One of the success stories during the year involved Nurse Practitioners Heather Hollinda and Sheila Kringle whom, in collaboration with the Grandview Medical Group, began accepting patients and clients at Grandview Medical Clinic.

Another success involved the area of teen health and teen health clinics. The PRHA strives to strengthen partnerships in this regard, and during the last year, teen clinics- with Nurse Practitioner services - were implemented in Dauphin, Rorketon and Roblin. The Region is looking to build on this very successful team health care approach.

Hearing Services

- The past fiscal year saw considerable growth and development of the Audiology Program since the full-time audiologist started in her Parkland position in March 2010. With the priority on children's services, there has been a significant increase in the number of preschool children being screened in the Region. With earlier identification of hearing difficulties in preschool children, interventions are taking place, which help prevent potential delays in their development.

The audiologist has been able to work more closely with school division staff to help create environments and provide equipment that help children who are hearing impaired reach their potential. The Hearing Services Program has also worked closely with the Human Resources Department in the development of the PRHA Hearing Conservation Program over the 2010/11 year.



CDPI Award - Nov 2010

Smoke-Free Homes - Camperville

- The PRHA continued to support the Chronic Disease Prevention Initiative (CDPI). The CDPI focuses on healthy eating, physical activity, and tobacco reduction. A province-wide evaluation was completed. A provincial knowledge exchange process was developed to share experiences, best practices and evaluation results. With the five-year demonstration project recently ending, the Region will be adapting to new permanent chronic disease prevention funding and planning additional operational goals, strategies and outcomes.

- Work continued with partners to enhance provincial strategies such as the "In-Motion" campaign as well as other healthy living strategies aimed at reducing tobacco reduction and promoting smoke-free homes.

- The Get Better Together Program was held in McCreary during the past year. A registered dietitian assisted the group to help increase their cooking and healthy eating skills. Participants attend a healthy living workshop once a week for six weeks to help design their own chronic disease self-management program. Workshops are conducted by instructors who themselves, are living with health conditions.

- The PRHA supports positive parenting initiatives that enhance healthy parent/ child relationships. As a result, nine additional public health staff received Level 3 Triple P (Parenting Program) training and accreditation in the last year.

- The Region continued to develop and implement an integrated approach to breastfeeding. Planning is in progress for regional breastfeeding education to target groups that have been initially identified. These include staff within the maternity unit and public health nursing staff.

- The PRHA's Regional Immunization Planning Team was established in the Summer of 2010. The Team's mandate is to develop, plan and implant all publicly-funded vaccines. Work is ongoing to establish guidelines for immunization practice within the Region.

Get Better Together Session - Duck Bay

EMS Week - Grandview

Pedometer Challenge - Dillon's Plains

Healthy Living

• The InSight Mentoring Program (formerly known as Stop FASD Program) hired and trained five women as mentors associated with the program. The intensive support program is aimed at women who are pregnant or have recently had a baby and are struggling with alcohol or drug use.

• PRHA Mental Health staff participated in the newly-formed Acquired Brain Injury Interest Group aimed at prevention and promotion as well as advocating for service improvements for those impacted by brain injuries.

• Work continued on the Region's Suicide Prevention Plan. There were six Parkland communities which held successful vigils this year during Suicide Prevention Awareness Day. As well, the PRHA and several partner agencies participated in Mental Health First Aid training aimed at those working with youth.

• The Region continued to develop and implement a Falls Reduction Plan for the elderly. During the past year, a Home Care Falls Management Plan/ Process Risk Assessment Tool has been created. This will be evaluated and further refined in the coming year. As well, a Falls Management Plan for Personal Care Homes has been rolled out and implemented in all regional Long Term Care sites.

• The PRHA worked with partners on opportunities and initiatives that aimed to prevent injury in children. Some of those included the "Safe Kids" initiative and the Hidden Hugs Program. Both PRHA Emergency Medical Services (EMS) staff and public health staff were trained at a two-day workshop sponsored by Manitoba Public Insurance (MPI). Three Safe Kids Events were held in 2010/2011 within the communities of Grandview, Roblin and Swan River. Hidden Hugs packages are included with every newborn take home kit. Packages are also delivered during postpartum visits.

Our measures:

• Teen Pregnancies (Exhibit #2)

• Healthy Baby number of participants (Exhibit #3)

• Diabetes Risk Factor & Complication Assessment (Exhibit #4)

• Birth Weights (Exhibit #5)

• Clients Serviced by Parkland Regional Therapy Services (Exhibit #6)

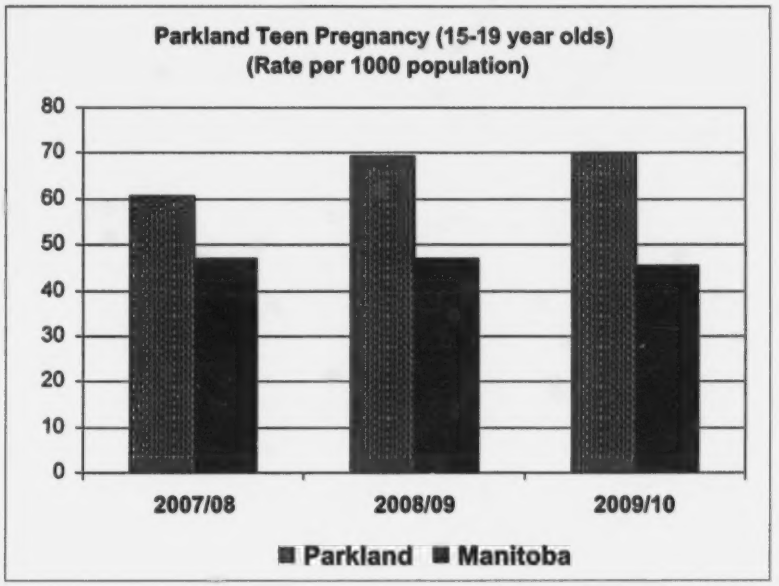
Our Measures: Healthy Living

Exhibit 2

Indicator Type:
Health Status & Determinants of Health - Health Behaviours

Indicator Name:
Teen Pregnancy Rate

Indicator Definition:
Number of pregnancies per thousand females aged 15-19 years



(Source: Manitoba Health)

Results:

Screening data from the Families First Program confirms that Parkland teenaged mothers are more likely than older mothers to be in a high risk situation and to require additional supports in parenting their children.

Interpretation:

The overall rate of teen pregnancy is higher in the Parkland Region (70.3/1000) than the Manitoba average (45.6/1000). This has been consistent over time. Our data includes both on-reserve and off-reserve population.

School Divisions and the Public Health Program continue to work together to address the teen pregnancy issue. The Families First Program provides additional supports to families assessed as being in higher risk situations. The ongoing implementation of primary health care provides opportunities to develop more comprehensive services for teens.

Our Measures: Healthy Living

Exhibit 3

Indicator Type:
Effectiveness

Indicator Name:
Participants in Healthy Child Manitoba programs in Parkland

Indicator Definition:
Number of participants in Families First

Number of participants in Healthy Baby

Interpretation:

Programs of Healthy Child Manitoba in the Region focus on supporting families by creating environments that encourage early child development.

For last fiscal year (2009-2010), the Growing Healthy Families (PRHA program only) recorded 394 total participants (with 84 prenatal, 252 postnatal, and 58 support). The PRHA also partners with Dauphin Friendship Centre to offer Healthy Baby programming in Dauphin, Duck Bay, and Camperville.

Participation in the Families First program remains relatively constant as growth is limited by the maximum number of families allowed to enroll per home visitor.

Results:

	2006/07	2007/08	2008/09	2009/10
Families First*	77	66	64	80
Healthy Baby**	308	407	418	394

* Number of participants enrolled at end of fiscal year.
** Total number of participants.

Source: Manitoba Health

Exhibit 4

Indicator Type:
Health System Performance - Public Health Surveillance

Indicator Name:
Diabetes Risk Factor & Complication Assessment (RFCA)

Indicator Definition:
Number of Clients seen for RFCA

Interpretation:

Risk Factor & Complication Assessment clinics were offered on a very limited basis this fiscal year.

Results:

RFCA*	2008/09	2009/10	2010/2011
Total Clients Seen	229	134	89
# Screened for Diabetes/Chronic Disease Risk Factors**	214	128	89
# Screened for complications	15	6	0

* Partial Assessment - includes one or more components. RFA (Fasting Blood Glucose, BMI, lipid profile, activity, nutrition screen and tobacco use); CA (RFA components plus A1c, ACR, foot exam and retinal assessment/referral).

Source: PRHA Public Health Program

Our Measures: Healthy Living

Exhibit 5

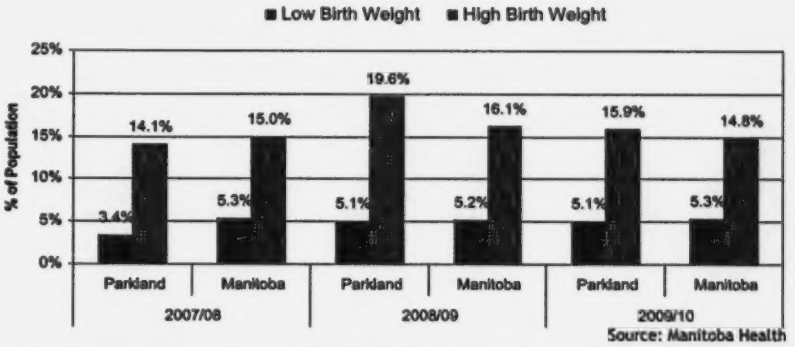
Indicator Type:
Effectiveness

Indicator Name:
Birth Weights (high, low)

Indicator Definition:
% of babies born with low birth weights (less than 2500 grams)

% of babies born with high birth weights (greater than 4000 grams)

Results:



Source: Manitoba Health

Interpretation:

Low birth rate is an indicator of the prenatal health of both mother and baby. The likelihood of low birth weight is greater among infants who were born prematurely and infants born to mothers who were malnourished or smoked during pregnancy. Low birth weight infants may be at increased risk for developmental problems and are more likely to require high-cost health services such as neonatal intensive care. There is also a higher risk of early death for infants with low birth weight compared to those with a healthy birth weight.

The percentage of low birth weight births has been consistently lower than the Manitoba rate since 1997.

High birth rate is a concern because it increases the likelihood of birth complications as well as an increased risk of long-term health problems such as obesity and diabetes. The main risk factor for high birth weight is gestational diabetes in the mother.

Exhibit 6

Indicator Type:
Effectiveness

Indicator Name:
Clients Served by Parkland Regional Therapy Services

Indicator Definition:
Number of visits to therapy service in the Parkland Region

Results:

Units of Service (Visits)

	Occupational Therapy (OT)	Physiotherapy (PT)	Speech Language Pathology (SLP)	Audiology
2008/2009	3,523	11,501	988	692
2009/2010	4,570	11,630	1,019	259
2010/2011	4,039	10,656	949	956

Source: Manitoba Health

Interpretation:

Occupational Therapy statistics have shown little change with approximately four months of vacancy time over the year.

Physiotherapy stats have declined 974 visits in the last year. Most of the decline in service was seen in Swan River with a total decrease number of 992 inpatient, outpatient and resident visits for the year compared to last year. The Dauphin over all PT visits are up with a minimal decline in number of visits at outlying sites. Due to 2 PT vacancies in Swan River since Dec. 2009, services have been provided by itinerant visits from Dauphin therapists.

Speech Language services were expected to decline due to a full time vacancy for the 10/11 year. This vacancy was covered by a contract therapist 3-4 days per month.

There was an expected increase in visits in Audiology due to the hire of a full time Audiologist in the Region and ongoing services by the Audiology Assistant in the North.

Strategic Direction

Aboriginal Health

Our goals:

- Health status of Aboriginal people living in Parkland is improved.
- In partnership with Aboriginal people, develop and implement a region-specific Aboriginal Health Strategy.

Our accomplishments:

- Efforts continued to strengthen partnerships with Tribal Councils, First Nations communities, and organizations representing the Aboriginal peoples. The PRHA participated in the Round Table process which was coordinated by Swampy Cree Tribal Council (SCTC). The Region also attended the Northern Health Conference in 2010/2011.

- The Region had ongoing participation in the WRTC (West Region Tribal Council) Community Health Assessment Working Group.

- Meetings were held with each WRTC First Nation (in RHA Region) in support of their Mental Wellness project.

- The PRHA has representation on the WRTC Health Department (CHNA) Working Group.

- The Region participated in the Sapotaweyak First Nation Suicide Awareness Day.

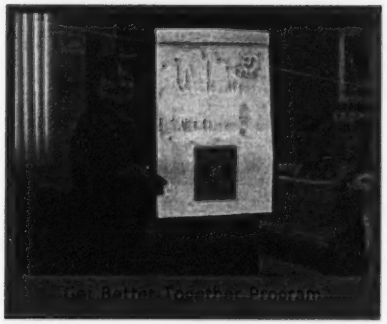
- The WRTC accepted a PRHA invitation to train "Get Better Together" leaders and to co-offer a session on a First Nation.

- The Manitoba Metis Federation (MMF) partners with the PRHA on the Chronic Disease Prevention Regional committee.

- The Region is involved with the MMF Knowledge Exchange Network. Exchange meetings were held to address three key chronic diseases: Diabetes, Hypertension and Chronic Mental Illness.

- Community Health Services developed guidelines for program response regarding service requests on First Nations communities.

- The PRHA developed and began implementation of a staff education plan in relation to Aboriginal cultural competence training.



Strategic Direction

Seniors Health

Our goals:

• Seniors maintaining the highest level of independence possible.

• Develop a continuum of supports and services that address seniors health in needs from primary prevention through to end of life care.

Our accomplishments:

• The Supports to Seniors in Group Living (SSGL), is up and running successfully in Roblin. This is the third community in the Parkland Region to offer housing with the SSGL Program. Various activities are collaboratively planned each month with the tenants of each Elderly Persons Housing unit (EPH). Activities range from one to one tenant assistance, exercises, bingo, cards, games, outings, group discussions, socialization, baking, intergenerational activities, and helping out with various appointments. These enhanced services support health promotion and independence with the goal of aging in place and have been well-accepted and appreciated by all tenants.

• The PRHA, in conjunction with other provincial departments, continued work on additional supported living options for seniors. During the past fiscal year, renovations commenced on a 12-unit Supportive Housing Program in Dauphin. Manitoba Housing approved the project for Happy Haven in Dauphin. Planning continues for the anticipated completion and opening of the supportive housing program during the coming year.

• The PRHA continued implementation of the *P.I.E.C.E.S. Program within Personal Care Homes. Two training sessions for professional nursing staff (with a total of 29 staff) were trained during the past year. P.I.E.C.E.S. is a collaborative care program designed to enhance care to older adults who have complex physical and cognitive/mental health needs and behavioral changes. It is a "best-practice" model that allows caregivers to systematically assess and plan interventions taking into account a person's *Physical, Intellectual, Emotional, Capabilities, Environment, Social abilities with the goal of improved care.

• The PRHA provides funding to 21 congregate meal programs in 13 communities. These programs provide a nutritious hot meal in a social atmosphere to assist seniors living independently. Meals on Wheels are provided through facility and community settings to bring nutritious meals to frail seniors who are not able to travel to a congregate meal program.

Our measures:

• Home Care Service wait times (Exhibit #7)

• Congregate meals provided (Exhibit #8)

• Support to Services In Group Living (SSGL) (Exhibit # 9)

Seniors Health

Our Measures: Seniors Health

Exhibit 7

Indicator Type:
Time lines

Indicator Name:
Wait time by program/ services: Home Care Services

Indicator Definition:
Date of Referral, Referral, Initial contact date, Date of Assessment.

Results:
Home Care Response Time Survey

The benchmark used in Parkland as standard of practice for response times are as follows:

- 2 working days from receipt of referrals to initial contact;
- 10 working days from referral to date of assessment;
- 2 working days from date of service request to service start date;
- 12 working days from receipt of referral to service start date;

	August 2008	March 2009	August 2009	February 2010	August 2010	February 2011
Date of Initial Contact	91%	100%	100%	86%	95%	96%
Date of Assessment	100%	100%	100%	100%	100%	90%
Total Days-Referral to Service	100%	100%	100%	90%	100%	100%

Data Source: PRHA Home Care Program

Exhibit 8

Indicator Type:
Accessibility

Indicator Name:
Community Meal Programs for Elderly

Indicator Definition:
Number of Meals Served

Results:
Number of Meals Served

	2007/08	2008/09	2009/10
Congregate Meal	68,566	67,596	66,605
Meals on Wheels - Facility	10,372	10,305	10,154
Meals on Wheels - Community	4,114	5,104	4,916
Total Meals Served	83,052	83,005	81,675

Data Source: PRHA Home Care Program

Exhibit 9

Indicator Type: Effectiveness

Indicator Name: Support to Seniors in Group Living

Indicator Definition:
Number of activities per month
Total number of participants per month

Support to Seniors in Group Living (SSGL Program):	2009/10	2010/11
HAPPY HAVEN (DAUPHIN)		
Total number of activities	14	13
Average number of activities/month	11	11
Total number of participants	9977	13168
Average number Participants/month	831	1097
RAINBOW LODGE (SWAN RIVER)		
Total number of activities	19	21
Average number of activities/month	11	11
Total number of Participants	3159	3388
Average number Participants/month	216	282
ROBLIN RESIDENCE/MAPLE MANOR	*Program Start Aug 2010	2010/11
Total number of activities		24
Average number of activities/month		11
Total number of Participants		6805
Average number Participants/month		850

Data Source: PRHA Home Care Program

Strategic Direction

Integrated, Sustainable Health System

Our goals:

- Redesign health services to ensure we provide the right service at the right time at the right place.
- Promote a shift in the use of resources between care and prevention.

Our accomplishments:

- The Province approved a cataract surgery program for the Region in late 2010/2011. The $400-thousand dollar investment will be an important addition to the programs and services we offer at Swan Valley Health Centre in Swan River, and the Region as a whole. Specialized equipment for cataract surgery was being purchased by local Swan River Valley Lions Clubs. The PRHA continues to work with the province to plan for the implementation of the program in 2011/2012.
- The PRHA continues to work through details surrounding bed utilization, with the focus on the Region's largest acute care hospital at Dauphin Regional Health Centre. During the past year, ongoing bed pressures - across the Region - were regularly monitored via weekly regional bed management tele-conferences.
- The PRHA, in conjunction with Manitoba Health, increased hospital-based dialysis capacity in Swan River. The expansion saw an additional $200,000 invested to provide staffing for more nursing shifts which accommodated the number of clients who were on a provincial wait list for service. Swan River has four dialysis stations that routinely operate three days a week. The announced expansion added more days to that rotation.
- The PRHA is working towards the amalgamation of the community-based mental health service and the facility-based service - under the Regional mental health program. A 2011 target date is anticipated for the amalgamation roll-over.
- The Region enhanced chronic disease management support by holding leader training for the Get Better Together Program. Community sessions were also held in the East and Central districts. Get Better Together is a self-management program for people with any ongoing chronic condition and is aimed at helping people to become healthier on their own.
- The PRHA, in conjunction with the Manitoba Cervical Cancer Screening Program, participated once again in the annual Pap Test Week, held in several Parkland communities in late October 2010. Primary Health Care nurses and Nurse Practitioners from the PRHA offered Pap Test clinics on a walk-in basis in Dauphin, Grandview, Roblin, Sapotaweyak, Swan River, and Wuskwi Sipihk First Nation. This easy access alternative has successfully reached many women who may be at risk of developing cervical cancer.
- The Parkland Mental Health Promotion team worked on two key events in the year - Mental Health Promotion Week (May) and Mental Illness Awareness Week (October). Additional efforts continued to enhance mental health promotion. The HERO Club (Helping Everyone Reach Out) hosted a regional conference in Roblin, with invited speakers and presentation regarding mental illness, mental health, wellness and recovery.
- The Region continues to establish a Regional Palliative Care Framework for service delivery. The palliative care team conducted an analysis that will be used in the development of a 3-5 year vision and action plan for the Region. Several policies are also under revision or development.
- The Region implemented a plan for basic and enhanced EMS (ambulance) services. Part of the plan included some EMS staff completing the inaugural Technician Intermediate Paramedic Program (to enhance skills).
- Working alongside Diagnostic Services of Manitoba (DSM), the PRHA 'went live' with enhancements to its provincially-linked Radiology Information System (RIS) and Picture Archiving and Communication System (PACS). In late October 2010, five sites within the PRHA installed the new RIS and PACS which enhances patient care through improved access to patient images and reports as well as improvements to turn around times for results. The five sites included Dauphin, Grandview, Swan River, Roblin and Ste. Rose. The implementaton of RIS and PACS is one of the first steps toward an electronic health record in Manitoba.

Integrated, Sustainable Health System

Our measures:

- Cervical cancer screening participation rates. (Exhibit #10)
- Mammography screening. (Exhibit #11)
- Number of diabetes education contacts (Exhibit #12)
- Clients served by Mental Health Program (Exhibit #13)

Exhibit 10

Indicator Type:
Health System Performance - Public Health Surveillance.

Indicator Name:
Cervical Cancer Screening Rate.

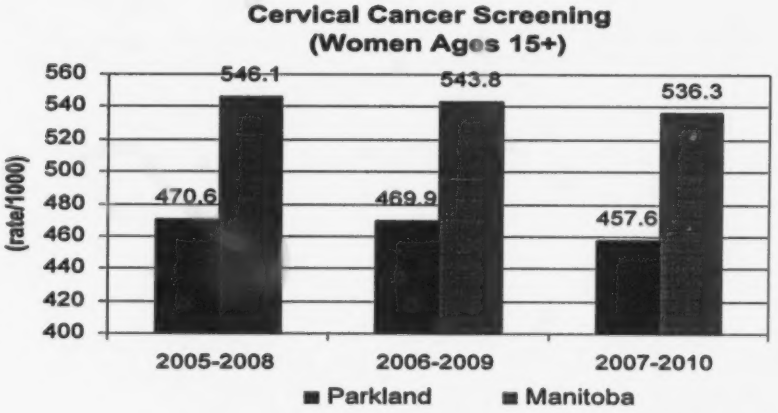
Indicator Definition:
Number of women per thousand who had a cervical cancer screen within the three year time period.

Results:

Interpretation:

The Manitoba Cervical Cancer Screening Program (MCCSP) goal is for 70% of women to be screened. Parkland Region remains below this target.

Improving screening rates is one goal of our region's Primary Health Care Operational Plan. Cervical Cancer Screening is being integrated into the work at the Region's Primary Health Care Centres. Nurses participate in the provincial Cervical Screening initiative.



(Source: Manitoba Health)

Exhibit 11

Indicator Type:
Health System Performance - Public Health Surveillance.

Indicator Name:
Mammography Screening Rates.

Indicator Definition:
Rate per thousand of Parkland women aged 50-69 years who had a mammography screen.

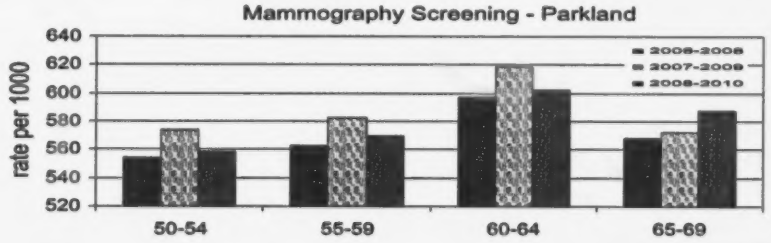
Results:

Interpretation:

Screening mammography is recommended every two years for women aged 50 to 65.

The provincial Screening Program sends a letter to every eligible woman informing them of the screening program and how to book an appointment at the nearest mobile clinic. The PRHA works cooperatively with the Provincial Program arranging for space and on occasion, group transportation. In 2006 the Provincial Program stopped doing manual breast examination in order to provide time to screen more women in the scheduled clinics. The manual breast exam is part of the annual general physical examination provided by family physicians.

In 2009 the provincial program increased the overall number of appointments in Parkland in order to meet the growing numbers of women in the target group.



(Source: Manitoba Health)

Integrated, Sustainable Health System

Exhibit 12

Indicator Type:
Effectiveness.

Indicator Name:
Clients served by the Diabetes Education Resource (DER) Program.

Indicator Definition:
Number of diabetes education contacts.

Interpretation:

- In addition to increased referrals for people with diabetes, there continues to be increasing number of referrals for other chronic conditions, ie >30% increase over previous 2-3 years.
- Group education continues (Diabetes Conversation Maps) with expansion to/addition of generic (still diabetes-friendly) Cooking Classes.

Results: Units of Service

Fiscal Year	Number of Clients	Number of Contacts Diabetes Educators
2008/2009	993	1874 (per DER database)
2009/2010	917	1722 (per DER database)
2010/2011	1740	2411 (per DER database)

Source: Manitoba Health

- Type of referrals for diabetes continues to be in proportions similar to previous years, ie 87% for type 2, 5% for type 1, 6% for pre-diabetes and 2% for gestational/pregnant.
- Referrals for other chronic conditions now comprises ~11% of total referrals (up from 8% in 2009/10), mainly for obesity (42%) and cardiovascular disease (20%).

Exhibit 13

Indicator Type:
Effectiveness

Indicator Name:
Clients Served by the Mental Health Program

Indicator Definition:
Community Mental Health Cases Open at Year-end

Acute Inpatient Adult Psychiatry Admissions

Results:

Number of Community Mental Health Client Cases Open

	Child & Adolescent	Adult	Geriatric
2008/2009	252	1,210	210
2009/2010	282	1,406	219
2010/2011	292	1,708	307

Total Community Mental Health Cases at Year-End

2008/2009	1,672
2009/2010	2,024
2010/2011	2,307

Acute Adult Inpatient Admissions to Dauphin Regional Health Centre Acute Psychiatric Unit

2008/2009	194
2009/2010	169
2010/2011	211

Source: Manitoba Health

Interpretation:

- The Community Mental Health Program has seen open cases at year end increase in each year. These may be a result of a higher profile of mental health concerns within the physician community (increased referrals), as well as mental illness awareness campaigns within the PRHA, as well as provincially and nationally. Referrals specifically for specialty psychiatry may also contribute, with the availability and awareness of such services, physician referrals rise.
- The Community Mental Health program has been forced to implement a formalized waiting list policy this past year (10/11), in response to the increased in service demands.
- Parkland Adult Psychiatric Unit - In 2010/11, total patient days for inpatient psychiatric unit at the Dauphin Regional Health Centre was 3393, making the average length of stay 16.08 days (20.14 days 09/10) and the bed utilization 93% (93% in 09/10). The decrease in avg. length of stay may be driven by improved and more diligent discharge planning, as well as improvements to discharge processes.

Strategic Direction

System Performance Improvement

Our goal:

• Continuous improvement is fully integrated into work of all staff, volunteer and physicians.

Our accomplishments:

• The Parkland Regional Health Authority continues to be a leader in the province when it comes to utilizing the highly successful MBTelehealth Program. The Region's six sites account for over 30 per cent of the total provincial usage. There are currently Telehealth sites in Dauphin, Swan River, Roblin, Ste. Rose, Grandview and McCreary.

• A Regional interdisciplinary Wound Prevention and Management Working Group was established to guide the implementation of a comprehensive regional program. PRHA wound prevention and management champions in all programs and services were established. An education session on wound management was held for physicians and several regional policies have been developed. As well, a detailed PRHA wound prevalence study was conducted in all acute and long term care sites as well as for home care clients.

• The PRHA participated in a unique training initiative relating to quality improvement work. The "Pursuing Excellence" strategy, supported by the Health Innovations Branch of Manitoba Health, provided four PRHA Teams with additional training expertise geared towards implementing 'small-scale' rapid improvement events.

• The PRHA continued to participate in the Safer Healthcare Now Program. Ongoing activities related to medication reconciliation within facilities continued. The Home Care MedRec Program was implemented for new clients admitted to the program. This program will be expanded to include transfers and discharges at the end of the initial evaluation period which is set for Fall 2011.

• The Region supports ongoing promotion and implementation of the "It's Safe to Ask Program". A Manitoba Institute of Patient Safety (MIPS) video and client medication cards are part of promotional efforts in various sites and facilities.

• Work continued to implement the Regional Patient Safety Framework. A patient safety scan has been completed and a Regional Client Safety Plan is being developed. As well managers provided in-house education on the recently-approved disclosure policy.

• PRHA Programs and Regional Teams updated their Quality Improvement plans in 2010/2011. In one example, each sub-program within the Mental Health Program (Inpatient, Child/Adolescent/Elderly/ Adult/Proctor Program/ Mental Health Resource Nurse/Psychosocial Rehab) has completed a self-assessment of strengths and weaknesses and developed an action plan to address quality improvement needs.

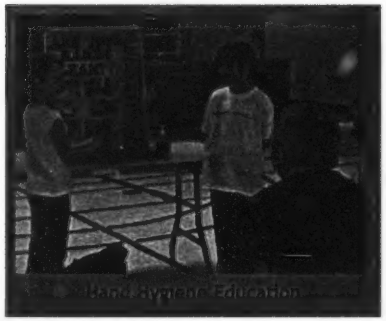
• The PRHA has begun to implement regular disaster exercises for all programs and services. The Region will continue to implement the Incident Command model for the management

of disasters and a self-learning package has been developed during the past year.

• The "Paws for the Cause" hand hygiene initiative was once again a key part of the region's infection control strategy. Ongoing monitoring and audits of the initiative took place and the Region participates in Hand Hygiene Day in May with Safer Healthcare now.

• Several key upgrades in our Information Technology sector were completed during the year. Project Teams were established to roll-out upgraded system enhancements. These include major initiatives such as QHR Scheduling, Exchange Server, Materiels Management, Data Warehousing, Swan River ADT, Digital Archiving and Network Infrastructure upgrades. As, well, the PRHA overhauled its public website and introduced a new staff "intranet" site during the last year.

• The PRHA is constantly expanding technology use to improve client-centered care. One example during 2010/2011 involved public health, where the Diabetes and Chronic Disease Program helped to inform and reinforce to appropriate clients that a Tele-Care option was available through a partnership with Winnipeg Regional Health Authority (WRHA).



Our measures:

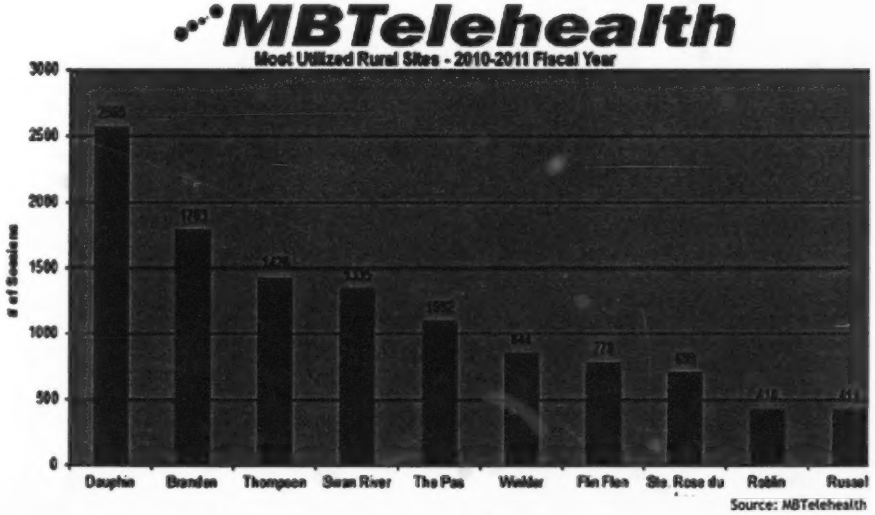
• Telehealth sites usage. (Exhibit #14)

Exhibit 14

Indicator Type:
Accessibility.

Indicator Name:
Access to Telehealth Services.

Indicator Definition:
Telehealth utilization.



Interpretation:

The PRHA continues to be the highest user of Telehealth Services among all rural RHA's. The total number of Telehealth events in Parkland in 2010/11 was 5,576.

Within the PRHA, there are numerous events held in which only our PRHA sites are connected to, enabling our Region to provide clinical services and educational events to our residents. When we take this into consideration, PRHA represents almost 30% of the total number of events in the entire Province which was 12,817 last year. The total number of clinical events in the Parkland was 4,159 with the remaining factoring into other categories like education, administration and televisitation. Four of the top 10 rural utilization sites in the province are from Parkland, including Dauphin, which is the highest user - recording a network utilization of 2,565 last year. The other sites include: Swan River, Ste. Rose and Roblin. Grandview and McCreary/Alonsa were the newest PRHA telehealth sites, having the equipment installed during the last fiscal year (2010/2011).

Strategic Direction

Human Resources

Our goals:

• Establish an organizational culture that attracts, develops and retains the best possible people.

Our accomplishments:

• The PRHA introduced its Aboriginal Human Resources Initiative. The goal is to develop stronger partnerships with Aboriginal leaders, community members, educational institutions, training facilities and others to better meet the health workforce needs of a significant portion of the Region's population. The three key goals of the initiative include increased the percentage of self-reported First Nation and Metis employees at all levels of the organization, to create a welcoming and supportive workplace environment, and providing improved service to First Nation and Metis people through cultural awareness and responsiveness.

• The Region continued to strengthen current education programs and assisted in the development of new initiatives (new nurse mentorship, wound prevention and management program, Infusion pump training, and employees wellness information sessions to name a few.) As well, a new semi-monthly staff bulletin (HR Rising) was created and is distributed across the Region.

• The Regional Workplace Wellness Committee continues to enhance a comprehensive Workplace Wellness model. The program's goal is to develop workplace wellness initiatives based on research and best practice. Late in 2010/2011, the Workplace Wellness Committee met regularly to begin working on a detailed plan that would support the PRHA moving to "Smoke-Free Grounds" at all of its sites.

• The Human Resources Department conducted monthly Employee Assistance Plan information sessions on a monthly basis and session topics were aligned with the Region's Workplace Wellness framework.

• The PRHA's Nursing Recruitment and Retention Committee continues to offer nurses access to bursaries for ongoing professional development.

• Fourteen Student Bursary applications were approved in 2010/2011.

• The Workplace Health and Safety Program continued throughout the fiscal year. The Program follows the Provincial Workplace Injury Reduction Program and mandatory education regarding the Program is ongoing.

Aboriginal HR Staff

Workplace Wellness at Roblin District Health Centre

PRHA Recruitment Event

Human Resources

• The Region participated in several recruitment and retention activities throughout the year.

Some of these included:

- Attended the Annual Parkland Career and Job Fair to promote health care professions to students.
- Attended job fairs at University of Manitoba and Red River College, and Brandon University.
- The PRHA made a presentation to nursing students at the University College of the North in the Pas.
- Continued to work in partnership with the Parkland Family Medicine Residency Unit based out of Dauphin and Ste. Rose.
- Participated in Rural Week, in partnership with Manitoba's Office of Rural and Northern Health. The week is designed to promote the benefits of working in rural settings for first-year medical residents enrolled at the University of Manitoba.
- The PRHA, in conjunction with ORNH, participated in the Home for the Summer Program. Students in the Region who participated were involved in pharmacy, lab and x/ray, occupational therapy and physiotherapy.
- Attended the University of Manitoba Family Medicine Retreat.

Our measures:

- Average Employee Age (See Exhibit 15)
- External Hire Rate (See Exhibit 16)
- WCB Lost Time Incident Rate (See Exhibit 17)
- WCB Lost Work Hours Rate (See Exhibit 18)

Exhibit 15

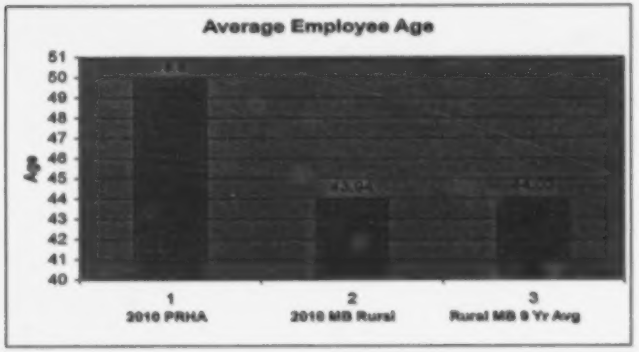


Exhibit 16

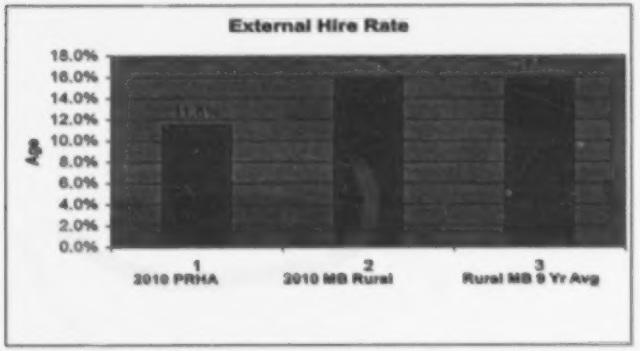


Exhibit 17

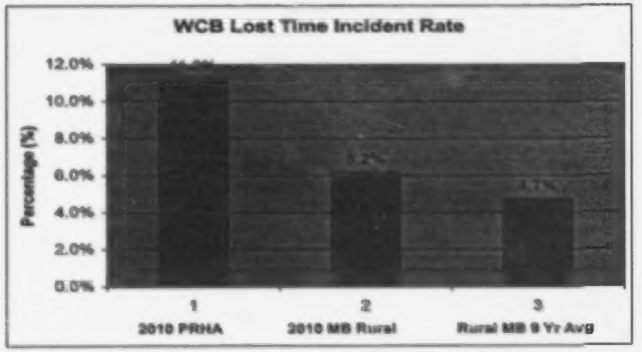
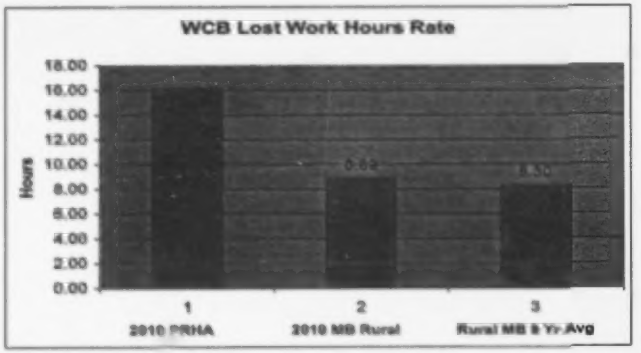


Exhibit 18



Source: Human Resource Benchmarking Survey 2009 (All above charts)

Capital Asset Management

Our Goal:

- To ensure that physical facilities and equipment are adequate to meet the needs of the Region's programs (Capital Project Development).

The PRHA completed several major safety and security projects throughout 2010/2011.

Some of those included:

Safety and Security Projects:

PROJECT	DESCRIPTION	PROJECT COST	COMPLETION DATE
Ste. Rose Hospital - EMS Garage	New EMS building with three ambulance bays	$803,862	March of 2011
Dauphin, Roblin, Ste. Rose Health Centres - Negative Pressure Isolation Rooms	Four negative pressure isolation rooms two in Dauphin, one in Roblin and one in Ste. Rose	$901,789	January of 2011
Gilbert Plains Health Centre - HWT Replacement	Complete replacement of four time expired hot water tanks	$17,480	March of 2011
McCreary Health Centre - Nurse Call	Replacement of nurse call system	$46,289	March of 2011
Dauphin Regional Health Centre	Installation of elevator safety protection	$24,537	January of 2010
Gilbert Plains PCH and Grandview Health Centre	Numerous roof repairs and replacement	$108,498	January of 2010
Gilbert Plains Health Centre	Air conditioning system replacement for PCH wing	$43,523	June of 2010
Gilbert Plains Health Centre	Replacement of air conditioning system for kitchen	$9,689	March of 2011
Dauphin Personal Care Home	Air conditioning system replacement for Station #1 area and 2nd floor	$41,154	May of 2010
Winnipegosis Health Centre	Replacement of Roam Alert system	$21,687	March of 2011

Integrated Risk Management:

Preventing and Managing Risk

The Parkland Regional Health Authority (PRHA) has Integrated Risk Management Framework which provides guidance for adoption of a comprehensive approach to managing risk. The application of the framework is expected to enable employees and the organization to better understand the nature of risk and to manage it more systematically. Risk management is one of the cornerstones of a quality of care program and a fundamental principle of basic standards of health care across all disciplines. Given ever-decreasing resources, it is a reality that not every activity can be monitored and evaluated on an ongoing basis.

The risk management program of the PRHA is directed at minimizing the frequency and severity of accidental losses to the organization through:

- Loss prevention and reduction through risk identification;
- Managing actual or potential claims from reporting and investigation to resolution;
- Ensuring regulatory and accreditation compliance;
- Risk management operations and processes;
- Client safety.

Risk management activities are reported on a quarterly basis to the PRHA Board in the form of a monitoring report.

The PRHA utilizes an incident reporting system called Healthcare Incident Reporting System (HIRS) as a means of communication between employees, physicians and management.

This risk management tool assists in collecting data to identify trends in client care and environmental safety issues, risk reduction opportunities and potential liabilities.

The PRHA encourages reporting of all incidents as well as 'near misses' with the goal of shared learning and prevention, not blame and punishment. Annual analyses of incidents are compiled and distributed to applicable teams and programs, the Executive and the Board.

In 2010/2011, the PRHA had a total of 3,156 incidents and six critical incidents. An incident is defined as "an event, accident or circumstance that resulted in, or could have resulted in, an unintended, undesired outcome.

A Critical Incident (involving a client) must meet the following four criteria:

- Is an unintended Adverse Event that caused serious harm to a client- such as death, disability, injury, unplanned admission to hospital or prolonged hospital stay.
- Occurs during the provision of care.
- Does not result from the Client's underlying health condition; and
- Is not from a risk inherent in providing health services.

Health Insurance Reciprocal of Canada (HIROC) is the PRHA's insurance provider. The region has implemented the HIROC Risk Management Self-Appraisal Module (RMSAM) process.

The module content is comprised of questions that assist the organization in proactively examining the region's policies against Canadian claims experience and leading practice and assists with prioritizing action plans over a four-year period.

Another important component of the risk management strategy is the Client Satisfaction Questionnaire process. Clients are encouraged to voice their concerns and/or positive or negative feedback about their health care experiences with the PRHA. This feedback is then analyzed and used to make changes/improvements as appropriate to the way we deliver health care and services in the region.

The PRHA also has a Client Concern Handling Process in place. Concerns are tracked regionally and the information and data is analyzed and used to make changes and improvements as appropriate. In 2010/11 there were 106 concerns receivedand investigated.

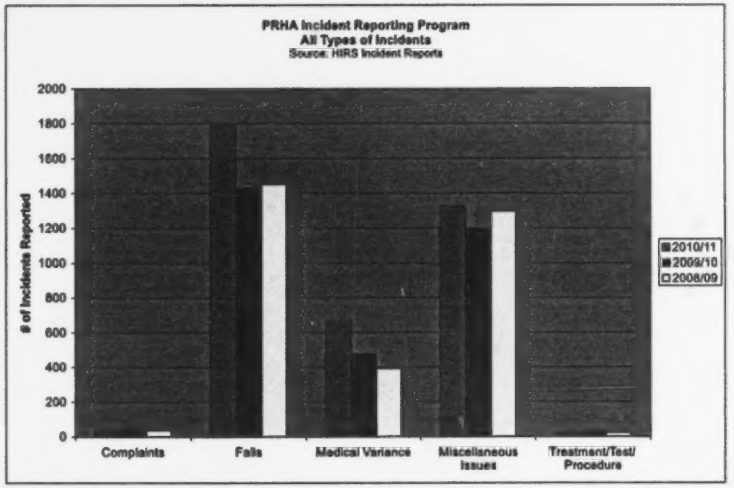
Fiscal Year

Complaints investigated:

2010/2011
106

2009/2010
70

2008/2009
61



Source: Health Incident Reporting System

ACCREDITATION CANADA
AGRÉMENT CANADA

Accreditation 2010/2011

The Parkland Regional Health Authority (PRHA) believes in, and practices the concept of continuous quality improvement. It is recognized that in order to achieve the PRHA vision of "Individuals, Families and Communities achieving the best possible health and wellness" all programs, services, teams and individual staff members need to continually monitor what they are doing and evaluate how effectively their efforts are impacting on the individuals, families and communities that the PRHA serves. To assist with this evaluation the region is committed to participating in Accreditation Canada's program as a way of evaluating and improving the quality of care and services provided by the PRHA.

In 2010/2011, the PRHA undertook its fourth national accreditation survey. Surveyors from Accreditation Canada spent five days reviewing Continuous Quality Improvement (CQI) plans that are linked to care delivery within PRHA health facilities, sites, and community health offices as well as all PRHA affiliate sites, programs and services.

The PRHA was asked to address all of the patient safety goals-including the 31 Required Organizational Practices (ROPs) for patient safety- in 2010. Accreditation Canada defines a ROP as an essential practice that organizations must have in place to enhance patient/client safety and minimize risk. ROPs are categorized into six patient safety areas, each with its own goal such as:

- Safety Culture - Create a culture of safety within the organization;
- Communication - Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/service across the continuum;
- Medication Use - Ensure the safe use of high-risk medications;
- Worklife/Workforce - Create a worklife and physical environment that support the safe delivery of care/service;
- Infection Control - Reduce the risk of health service organization-acquired infections and their impact across the continuum of care/service; and
- Risk Assessment - The organization identifies safety risks inherent in its client population.

Following the initial visit in October 2010, we received a notice that the PRHA was maintaining its Accreditation Status with Condition. Part of that condition, included a more detailed look at a few key patient safety areas. Two Accreditation Canada surveyors returned to the Region in March 2011 to review our progress in this regard. As a result of the "focused visit", our Accreditation status was revised to Accreditation with Report.

The surveyors were impressed with the additional progress that was made by our Accreditation Teams and commented on the volume of work that was accomplished. The surveyors identified outstanding requirements to meet Accreditation standards which require us to complete additional work by September 2011.

Work Plans are currently being revised and Teams will continue their good work. We will continue to provide updates as work progresses through regular status reports.

The region continues to work towards 100% compliance of the 31 ROPs required for 2010/2011.

This accreditation review is a culmination of ongoing work by our staff, managers and physicians who, together, learn how to continually improve what they do.
The end goal is to provide the best possible care and service to our patients and clients.
Kevin McKnight
PRHA CEO

The Public Interest Disclosure Act

(Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The number of disclosures received, and the number acted on and not acted on. Subsection 18(2)(a) - 0 disclosures were received.

The number of investigations commenced as a result of disclosure. Subsection 18(2)(b) - NIL

In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. Subsection18(2)(c) - NIL.

French Language Services

In accordance with the Province's French Language Services Legislation, the PRHA is committed to providing health services, to the extent possible, in both official languages in identified areas.

In the Parkland Regional Health Authority, the identified areas include Ste. Rose du Lac, Laurier and Ste. Amelie.

In accordance with the Legislation, all designated Regional Health Authorities (RHAs) in the province must have French Language Services (FLS) Plans.

The PRHA's French Language Services Plan is available on-line at www.prha.mb.ca.

We have audited the consolidated statement of financial position of the Parkland Regional Health Authority Inc. as of March 31, 2011 and the consolidated statements of changes in net assets, operations and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Parkland Regional Health Authority Inc. as at March 31, 2011 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

Brandon, Manitoba

June 20, 2011

Chartered Accountants

1401 Princess Ave., Brandon, Manitoba R7A 7L7, Phone: (204) 727-0661, 1-800-446-0890

MNP

Parkland Regional Health Authority Inc.

Consolidated Statement of Financial Position

As at March 31, 2011

	Affiliates	*Devolved*	*2011*	*2010*
Assets				
Current				
Cash	1,996,680	1,113,904	3,110,584	3,219,191
Current investments (Note 3)	-	161,367	161,367	163,685
Accounts receivable (Note 4)	109,208	1,321,335	1,430,543	1,767,968
Due from Manitoba Health (Note 5)	-	6,837,165	6,837,165	2,593,923
Inventory	135,030	1,241,814	1,376,844	1,496,931
Prepaid expenses	64,950	538,283	603,233	480,796
Inter-facility	(2,149,712)	2,149,712	-	-
	156,158	13,363,580	13,519,736	9,722,494
Capital assets (Note 6)	8,041,874	73,762,129	81,804,003	82,849,246
Trust assets	36,674	35,288	71,962	72,148
Manitoba Health receivable–employee benefits obligation (Note 8)	1,634,175	8,533,598	10,167,773	10,167,773
	9,868,879	95,694,595	105,563,474	102,811,661

Continued on next page

Parkland Regional Health Authority Inc.

Consolidated Statement of Financial Position

As at March 31, 2011

	Affiliates	*Devolved*	*2011*	*2010*
Continued from previous page				
Liabilities				
Current				
Lines of credit (Note 7)	-	2,413,263	2,413,263	778,966
Accounts payable and accruals	1,447,958	7,479,292	8,927,250	8,700,935
Employee benefits payable (Note 8)	1,300,539	9,149,839	10,450,378	10,045,619
	2,748,497	19,042,394	21,790,891	19,525,520
Other long-term liabilities (Note 8)	-	496,017	496,017	518,314
Deferred benefits entitlement (Note 8)	634,086	4,600,599	5,234,685	4,342,722
Deferred contributions (Note 11)	7,907,341	74,823,556	82,730,897	82,837,302
Trust liabilities	36,674	35,288	71,962	72,148
	8,578,101	79,955,460	88,533,561	87,770,486
Net Assets				
Invested in capital assets (Note 12)	447,147	2,521,793	2,965,940	2,807,478
Internally restricted net assets	-	265,397	265,397	679,277
Unrestricted net assets	(1,901,866)	(6,090,449)	(7,992,315)	(7,971,100)
	(1,457,719)	(3,303,259)	(4,760,978)	(4,484,345)
	9,868,879	95,694,595	105,563,474	102,811,661

Parkland Regional Health Authority Inc.

Consolidated Statement of Operations

For the year ended March 31, 2011

	Affiliates	*Devolved*	*2011*	*2010*
Revenues				
Manitoba Health operating income (Note 9)	13,560,342	109,384,706	122,945,048	116,896,264
Patient income	2,420,875	5,664,469	8,085,344	8,034,366
Other income	280,759	3,409,312	3,690,071	4,068,033
Amoritization of deferred contributions	398,781	4,161,501	4,560,282	4,261,972
	16,660,757	122,619,988	139,280,745	133,260,635
Expenses				
Acute Care	5,850,702	47,744,039	53,594,741	54,979,950
Long-term care	10,548,599	29,318,587	39,867,186	38,764,998
Community and mental health	-	11,783,603	11,783,603	11,075,448
Homecare	98,687	13,368,946	13,467,633	12,626,422
Emergency response and transport	-	5,858,594	5,858,594	5,538,570
Regional health costs (Note 10)	-	2,777,780	2,777,780	2,894,496
Medical remuration - non-global	-	5,652,409	5,652,409	5,500,142
Pre-retirement	57,103	1,540,054	1,597,157	2,156,227
Amoritization of capital assets	457,724	4,501,873	4,959,597	4,690,129
Interest on long-term obligations	-	-		-
	17,012,815	122,545,885	139,558,700	138,226,382
Excess (deficiency) of revenues over expenses	(352,058)	74,103	(277,955)	(4,965,747)

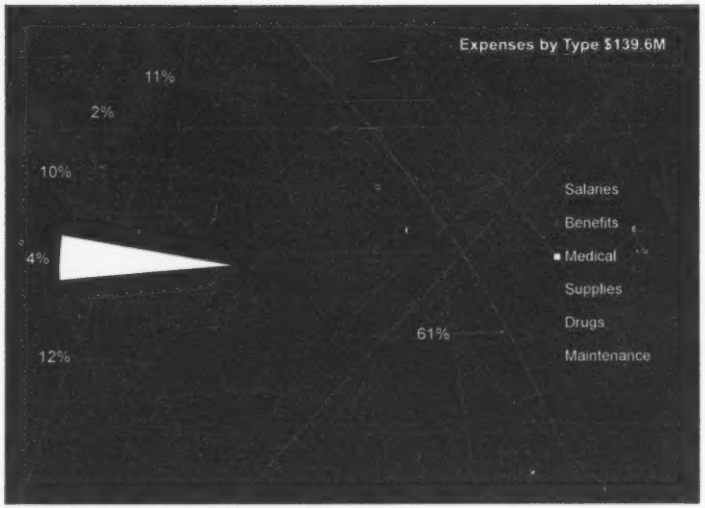
A complete set of financial statements, auditor's report and the statement of public sector disclosure (related to Section 2 of the Public Sector Compensation Disclosure Act) can be obtained by contacting the Parkland Regional Health Authority Corporate Office at (204) 638-2118 or Toll-Free at 1-800-259-7541.

If you wish to see the full version of the consolidated financial statements, you can log on to the PRHA website at www.prha.mb.ca

Auditor'
Repor

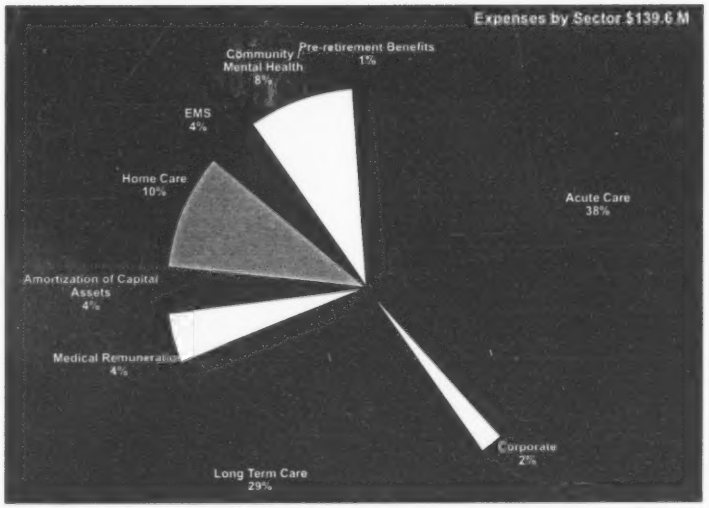
Parkland Regional Health Authority
Schedule of Expenditures
by Type 2010/2011

Salaries	$85,816,861
Benefits	16,866,815
Medical Personnel	6,022,526
Supplies	13,713,337
Drugs	2,307,375
Maintenance	14,831,786
Total	$139,558,700



Parkland Regional Health Authority
Schedule of Expenditures
by Sector 2010/2011

Acute Care	$53,594,741
Corporate	2,777,780
Long Term Care	39,867,186
Medical Remuneration	5,652,409
Amortization of Capital Assets	4,959,597
Home Care	13,467,633
EMS	5,858,594
Community / Mental Health	11,783,603
Pre-retirement Benefits	1,597,157
Total	$139,558,700



Administrative and Corporate Cost Reporting

(As of March 31, 2011)

The Canadian Institute of Health Information (CIHI) defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. The Authority adheres to these coding guidelines.

Administrative costs include corporate operations (including hospitals, non-proprietary personal care homes and community health agencies), as well as patient care-related functions such as infection control and patient relations and recruitment of health professionals. A further breakdown of administrative costs, as required by Manitoba Health and Healthy Living is included below to provide a more detailed summary of administrative costs.

The figures presented are based on data available at time of publication. Restatements may be made in the subsequent year to reflect final data and changes in the CIHI definition, if any.

The administrative cost percentage of total spending indicator (administrative costs as a percentage of total operating costs) adheres to CIHI definitions.

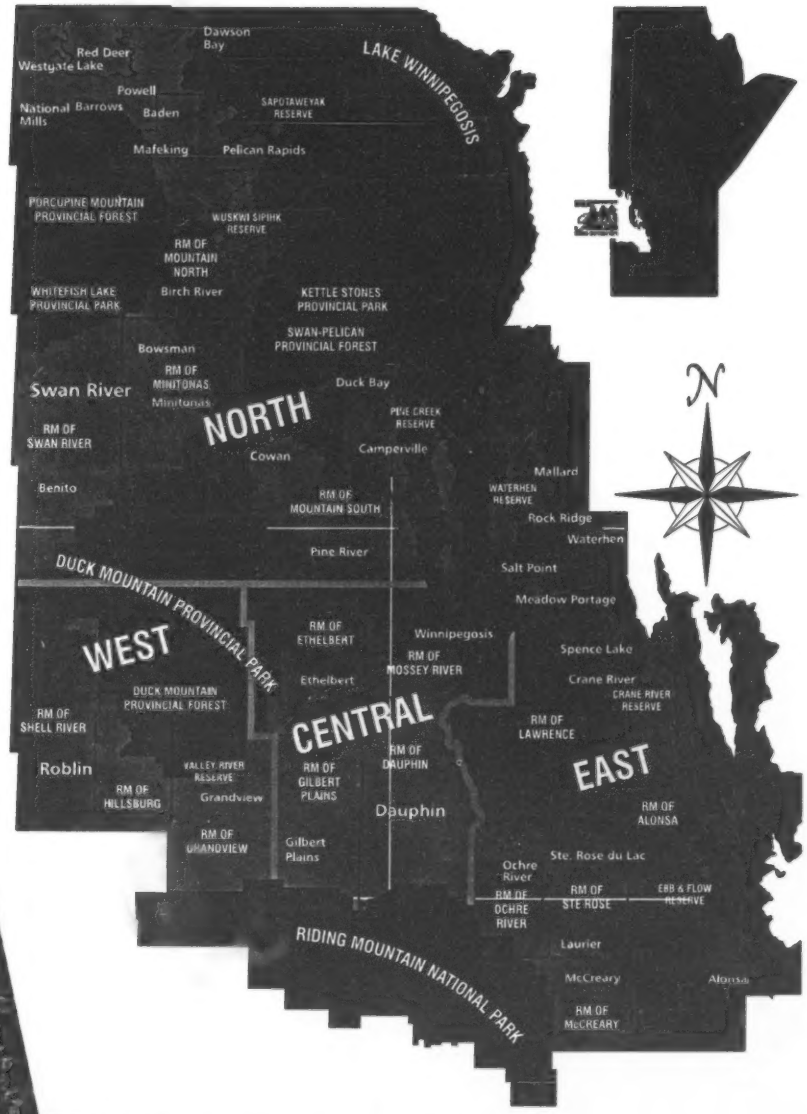
PRHA Administrative Cost: (% of total)

Year	2008/09	2009/10	2010/11
Corporate operations (% of total)	4.01%	3.91%	3.9%
Patient care and recruitment/HR related functions (% of total)	1.21 %	1.42 %	1.4%

Definitions:

- Patient care-related functions: infection control, patient relations, quality assurance, accreditation, cancer standards and guidelines, and bed utilization management
- Recruitment and human resource-related functions: recruitment and retention, labour relations, personnel records, employee benefits, health & assistance programs, and occupational health & safety
- Corporate operations: general administration (executive offices, board Of directions, medical directors, administrators of acute, long term and community care, public relations, planning & development, community health assessment, risk management, internal audit), finance (general accounting, payroll, accounts receivable, accounts payable and budget control) and communications (telecommunications, visitor information and mail service).

Parkland Regional Health Authority



List of Municipalities

RM of Alonsa
RM of Dauphin
RM of Ethelbert
RM of Gilbert Plains
RM of Grandview
RM of Hillsburg
RM of Lawrence
RM of McCreary
RM of Minitonas
RM of Mossey River
RM of Mountain
RM of Ochre River
RM of Shell River
RM of Ste. Rose
RM of Swan River

Aboriginal Northern Affairs Communities

Baden
Barrows
Camperville
Crane River
Dawson Bay
Duck Bay
Mallard
Meadow Portage
National Mills
Pelican Rapids
Powell
Red Deer Lake
Rock Ridge
Salt Point
Spence Lake
Waterhen
Westgate

City

Dauphin

Town

Gilbert Plains
Grandview
Minitonas
Roblin
Ste. Rose du lac
Swan River

Villages

Benito
Bowsman
Ethelbert
McCreary
Winnipegosis

First Nations Communities

Ebb and Flow
O-chi-chak-Ko-Sipi
Pine Creek
Sapotaweyak Cree Nation
Skownan
Tootinaowaziibeng
Treaty Reserve
Wuskwi Sipihk

PRHA Regional Corporate Office

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Toll Free: 1-800-259-7541
Fax: (204) 622-6232
e-mail: prha@prha.mb.ca
website: www.prha.mb.ca

Regional Human Resources Department

Box 448
Swan River, Manitoba
R0L 1Z0
Fax: (204) 734-5954
e-mail: prha@prha.mb.ca